

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 549431

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
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10						
11	1					
12		1				
13		1				
14	1					
15		1				
16	1					
17	1					
18	1	1				
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50						
TOTAL IND.	1		↓		↓	↓
TOTAL DEP.	14	←	←	←	←	
TOTAL CLAIMS	15					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.			←	←	←	←
TOTAL CLAIMS						